

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
MICHIGAN CANCER SURVEILLANCE PROGRAM
CANCER REPORT

☐ **New**
☐ **Update**

PLEASE TYPE OR PRINT

1a. NAME OF PATIENT (FIRST)		1b. (MIDDLE)		1c. (LAST)	
2. NAME BEFORE FIRST MARRIED		3. ALIAS NAME		4. MARITAL STATUS 1 = Single 2 = Married 3 = Separated 4 = Divorced 5 = Widower 9 = Unknown	
5a. ADDRESS OF PATIENT AT DIAGNOSIS Number and Street		5b. CITY AT DIAGNOSIS		5c. STATE AT DIAGNOSIS	
				5d. ZIP CODE AT DIAGNOSIS	
6. SUPPLEMENTAL ADDRESS (Facility Name or Apartment Complex Name)			7. SOCIAL SECURITY NUMBER		8. COUNTY OF RESIDENCE AT DIAGNOSIS
9. BIRTHPLACE – State of Country		10. DATE OF BIRTH (MO) (DAY) (YEAR)		11. SEX 1 = Male 2 = Female 3 = Other (hermaphrodite) 4 = Transsexual 9 = Not stated	
				12. RACE – American Indian, Black, White etc. (if Asian give nationality, i.e. Chinese, Filipino, Asian Indian, etc)	
				13. HISPANIC ORIGIN 6 = Yes 0 = No 9 = Unknown	
14. ACCESSION NUMBER and SEQUENCE NUMBER		15. CLASS OF CASE 0 = Dx here, rx elsewhere 1 = Dx & rx here 2 = Rx here 3 = RX elsewhere 4 = Rx here prior		16. MEDICAL RECORD NUMBER	
				17. LABORATORY RECORD NUMBER	
18a. PRIMARY ANATOMICAL SITE(S)			19a. CLINICAL/HISTOLOGICAL DIAGNOSIS – Include Cell Type and Cell Behavior if Known		
18b. PAIRED ORGANS 0 = Not a paired site 1 = Right 2 = Left 3 = One side only, NOS 4 = Bilateral involvement 9 = Unspecified			19b. TUMOR GRADE 1 = Well differentiated 2 = Mod. Well differentiated 3 = Poorly differentiated 4 = Undifferentiated/Anaplastic 5 = T-cell 6 = B-cell 7 = Null cell 8 = NK cell (Natural Killer Cell) 9 = Unknown/not stated		
20. DATE OF DIAGNOSIS (MO) (DAY) (YEAR)		21. DATE OF ADMISSION TO HOSPITAL (MO) (DAY) (YEAR)		22. METHOD OF DIAGNOSIS 1 = Histology 2 = Cytology 4 = Microscopic, NOS 5 = Positive Lab/Marker 6 = Visualization 7 = X-Ray 8 = Clinical 9 = Unknown	
23. GENERAL SUMMARY STAGE 0 = In-situ 1 = Localized 2 = Regional Direct Ext. 3 = Regional nodes 4 = Reg. Direct & reg. nodes 5 = Reg. NOS 7 = Distant/systemic 8 = BENIGN 9 = Unknown/unstaged		24. TUMOR SIZE (MM)		25. AJCC STAGE AJCC Edition _____ Clinical T _____ N _____ M _____ Stage Group _____ Descriptor _____ Pathological T _____ N _____ M _____ Stage Group _____ Descriptor _____	
26. DATE FIRST THERAPY INITIATED (MO) (DAY) (YEAR)		27. REASON NO SURGERY 0 = N/A, Cancer-directed surgery was performed 1 = Not recommended 2 = Contraindicated, including autopsy only 6 = Unknown reason, no surgery 7 = Patient/guardian refused 8 = Surgery recommended, unknown if done 9 = Unknown			
28. FIRST COUSE OF CANCER DIRECTED THERAPY – Describe All					
29. VITAL STATUS 0 = Dead 1 = Alive 9 = Unknown					
30. IF DECEASED					
30a. STATE OF DEATH		30b. DATE OF DEATH (MO) (DAY) (YEAR)		31. FACILITY	
32. ABSTRACTOR NAME			33. ABSTRACTOR TELEPHONE NUMBER		34. DATE ABSTRACTED (MO) (DAY) (YEAR)

NAME AND ADDRESS OF PHYSICIAN TO CONTACT FOR MORE INFORMATION (please print clearly or type):

Please return to:
 Michigan Department of Community Health
 Population and Provider Data Unit
 3423 N. Martin Luther King Jr., Blvd., P.O. Box 30691
 Lansing, MI 48909

INSTRUCTIONS FOR COMPLETING THE CANCER REPORT FORM

Whenever a cancer case is diagnosed or first treated within a hospital or laboratory, a report of the case must be prepared and forwarded to the Michigan Department of Community Health. The report must be forwarded within 180 days of the diagnosis or initial treatment. The form to use in reporting a cancer case is the Cancer Report form DCH-0768. Proper completion of this form is an important ingredient to the development of a cancer registry for the state. These instructions are intended to outline what information is needed and to provide specific guidance for completing the form.

1. Name of Patient

Enter the name of the patient. If the name is unknown enter "unknown". **Do not leave this item blank.**

2. Name Before First Married

Leave this item blank if it is not appropriate for the patient being reported, is not available in the records or when not reporting this item.

3. Alias Name

Enter an alternate name or AKA (also known as) used by the patient, if known.

4. Marital Status

Record the marital status of the patient at the time the specific primary was first diagnosed. Enter "9" for unknown.

5. Address of Patient at Diagnosis

Enter the number and the street name. **Do not leave this item blank.**

City at Diagnosis

Enter the postal city or village of the patient's address. **Do not leave this item blank.**

State at Diagnosis

Enter the state or residence for the patient, or if not a resident of the United States enter the country of residence. **Do not leave this item blank.**

Zip Code at Diagnosis

Record the patient's five-digit zip code. **Do not leave this item blank.**

6. Supplemental Address

Record the name of a place or facility (i.e. nursing home, name an apartment complex) if applicable.

7. Social Security Number

Enter the social security number of the patient. If the patient does not have a social security number, enter "none." If this number cannot be ascertained, enter "unknown." **Do not leave this item blank.**

8. County of Residence at Diagnosis

Enter the name of the county where the patient resided at the time of the initial diagnosis for this primary. If the county is not obtainable, enter "unknown." **Do not leave this item blank.**

9. Birth Place – State or Country

Report the state or country of the patient's birth. Report the state if born in the USA. Otherwise, report the country. If the birth is unknown, enter "unknown." If the information is not available in the patient's record, leave the item blank.

10. Date of Birth

Enter the exact date of the patient's birth. If only a partial date is known, enter the partial date and use "9's" to fill the unknown portion of the date (99/99/9999). It is preferred that the date be entered as month, day and year (mm/dd/yyyy). If a date of birth is unknown, but an age at the time of diagnosis is available, enter the patient's age. **Do not leave this item blank.**

11. Sex

Record the sex of the patient by entering the number corresponding to the patient's sex in the box provided. If unknown, enter "unknown." **Do not leave this item blank.**

12. Race
Enter the patient's race. If unknown, enter "unknown." If multi-racial, enter each race or "multi-racial" according to the documentation in the patient's chart. In general, race should be reported as American Indian, white or black. White includes Mexican, Puerto Rican, Cuban and all other Caucasians. If the patient is Asian, enter the national origin as Chinese, Vietnamese, Japanese, Hmong, etc. **Do not leave this item blank.**
13. Hispanic Origin
Indicate whether Hispanic by entering the number, which corresponds to their status, as indicated on the form. **Do not leave this item blank.** Independent laboratories are not expected to report this item and may leave the item blank.
14. Accession and Sequence Number
Enter the accession number assigned to the patient if the patient has been assigned a number by the facility's cancer registry. Include the tumor sequence number suffix within the accession number. If no accession number (tumor registry number) has been assigned to the patient enter "none".
15. Class of Case
Enter the appropriate numeric class of case code in the box provided.
16. Medical Record Number
If the patient has been assigned a medical record number, enter that number. Should more than one medical record number be assigned, enter the number that most closely corresponds with the initial diagnosis of the primary tumor being reported. If the hospital registry abstracts cases for another hospital, it should have a system that identifies the facility associated to the patient. If no medical record number exists, enter "none."
17. Laboratory Record Number
If a case has been assigned a laboratory record number, enter that number. If no laboratory number exists, enter "none."
18. Primary Anatomical Site
Enter the primary anatomical site of the tumor being reported. It is important to be as specific as possible on the primary site. If the primary site cannot be determined, enter "unknown primary." **Do not leave this item blank.**
- Paired Organs (Laterality)
Indicate in the box provided whether the primary is a paired organ with the corresponding number as indicated on the form.
19. Clinical/Histological Diagnosis
Enter the histological diagnosis for the primary tumor being reported, along with all histologic types identified. **Do not enter "unknown" or leave this item blank.**
- Tumor Grade
Report the grade of the tumor by entering the number that corresponds to the description of the grade that best describes and best reflects the findings on the pathology report. **Do not leave this item blank.**
20. Date of Diagnosis
Enter the month, day and year (mm/dd/yyyy) the primary tumor was first diagnosed. **Do not leave this item blank.**
21. Date of Admission to Hospital
Enter the month, day and year (mm/dd/yyyy) the patient was first admitted to the hospital. (This may be the date of an outpatient visit.)
22. Method of Diagnosis
Enter in the box provided the number that corresponds to the most definitive diagnostic method used to confirm the cancer being reported. **Do not leave this item blank.**
23. General Summary Stage
Enter in the box provided the number that corresponds with the patient's summary stage that was determined at the time of diagnosis. **Do not leave this item blank.**
24. Tumor Size (MM)
Enter the tumor size of the primary site in mm. If the tumor size is unavailable, enter "unknown."

25. AJCC Stage
The need to report AJCC stage information is restricted to facilities operating cancer registries and with staff trained to determine AJCC stage.
26. Date First Therapy Initiated
Report the month, day and year (mm/dd/yyyy) of the first cancer directed therapy. If the patient did not receive cancer-directed therapy, the item may be left blank.
27. Reason No Surgery
Provide the reason for no surgery in the box provided, using the number that best describes the approach used.
28. First Course of Cancer Directed Therapy
Report the first course of cancer-directed therapy completed and those pending at the time of completing the cancer report form.
29. Vital Status
Record the vital status of the patient as of the last contact in the box provided, if known. If vital status is not known, answer unknown. **Do not leave this item blank.**
30. If Deceased
If patient's vital status is "0" for deceased complete this item.
- 30a. Enter the two digit alphabetic postal abbreviation for the state of death
- 30b. Enter the month, day and year (mm/dd/yyyy) of the patient's death.
31. Facility
Enter the name of the hospital, laboratory or registry where the report is being prepared. **Do not leave this item blank.**
32. Abstractor Name
Enter the name of the person who prepared the cancer report form. **Do not leave this item blank.**
33. Abstractor Telephone Number
Enter the telephone number of the person who prepared the cancer report form. **Do not leave this item blank.**
34. Date Abstracted
Enter the date the cancer report form was prepared. **Do not leave this item blank.**